

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000072732

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** BRISAS DEL MAR MULTIPLE SERVICES INC.

**Current Principal Place of Business:**

6940 SW 12 ST  
MIAMI, FL 33144

**New Principal Place of Business:**

5825 W 25 CT  
APTO 412  
HIALEAH, FL 33016

**Current Mailing Address:**

6940 SW 12 ST  
MIAMI, FL 33144

**New Mailing Address:**

5825 W 25 CT  
APTO 412  
HIALEAH, FL 33016

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GINARTE, NORBERTO  
1800 NW 24 AVE  
MIAMI, FL 33125 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GINARTE, NORBERTO  
Address: 1800 NW 24 AVE APTO 616  
City-St-Zip: MIAMI, FL 33144

Title: VP  
Name: GARCIA, YANET  
Address: 1800 NW 24 AVE APTO 616  
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NORBERTO GINARTE

P

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date